



Apply for a First State Bank Visa® Check Card

With the convenience of over 23,000 No-Fee ATMs!

Applying for (check all that are applicable):

- Visa® Check Card
 Business Visa® Check Card
 ATM Card
 Health Savings Account Debit Card

If applying for Personal Visa® Check Card, ATM Card or Health Savings Account Debit Card:

Primary Account Holder Name _____ Date of Birth _____

Last 4 digits of Social Security Number _____ Home Phone _____ Cell Phone _____

Street Address _____ City, State, Zip _____

Primary First State Bank Checking Account Number _____

Please indicate any *additional* accounts you would like to access at ATMs with this card:

Account # _____ # _____ # _____ # _____

Secondary Cardholder (optional) _____ D.O.B. ____/____/____ Social Security No. _____

If applying for Business Visa® Check Card:

Tax ID # _____

Business Name _____ Primary Checking Account No. _____

Business Name to Appear on Card – **26 characters max.** _____

Organization Type: Sole Proprietorship Partnership Non-Profit Corporation LLC

Business Address (No P.O. Boxes) _____

Years Doing Business _____ Years at Present Location _____ Number of Current Employees _____ Gross Annual Sales \$ _____

Business Owner / Primary Applicant

Business Owner Type: President/Chairman Owner/Proprietor Vice President Treasurer/Secretary Other _____

Business Owner Name _____ Last 4 Digits of SSN _____

Date of Birth _____ Daytime Phone _____

Cell Phone _____ Email Address _____

Any *additional* accounts you would like to access with this card: Account # _____ # _____

Additional Cardholder (optional) – Cardholder must be a signer on all accounts listed below.

Cardholder Name _____ Last 4 Digits of SSN _____

Date of Birth _____ Daytime Phone _____

Length of Current Employment _____ Title/Position _____

Please indicate any *additional* accounts you would like this employee to access with this card:

Account # _____ # _____ # _____ # _____

Authorization & Agreement to Terms

By signing below, I agree that I ("Applicant") am applying to First State Bank or assigns ("Issuer") for a VISA CheckCard ("Card") to be used to access and initiate electronic funds transfers from the checking account identified above at ATMs and participating Visa Merchants everywhere. I agree to the terms and conditions of the First State Bank of St. Charles Debit Card Agreement, and signify that I am at least 18 years of age. In the event that the issuer is unable to approve this application for a Card, I alternatively request an apply for an ATM Card which can be used to initiate transactions and transfers relating to the checking account identified above (as well as other accounts that I may identify hereafter) at participating ATMs. If this application for a Card (or, alternatively, an ATM Card) is accepted and a card issued, I will be deemed to be in agreement with the terms and conditions accompanying the card. By signing this form, I certify the information given herein to be true and correct. I authorize the Issuer to verify my credit and employment history and to answer questions about the Issuer's experience with me. I understand that the issuer will retain this application whether or not it is approved, and that issuance of a Card is contingent upon a credit check.

If a Card is issued, I hereby authorize the Bank identified in this application to debit the checking account identified in this application for each purchase and cash withdrawal associated with my Card. If an ATM Card is issued in response to this application, I authorize the Bank identified in this application to engage in all of the transactions requested through use of the ATM Card. This authorization may be terminated by either party by written notification provided to the other party. I understand that I will be responsible for any authorized transactions made on my VISA CheckCard or ATM Card (as applicable) prior to any termination, even though such transaction may not have been debited or posted to my account(s) as of the date of termination.

Primary Authorized User **X** _____ Date _____

Secondary Authorized User **X** _____ Date _____

Bank Use Only: Received by: _____ Date: ____/____/____ Completed by: _____ Date: ____/____/____